

grammes of a warm thymol solution. The median abdominal incision measured 5 or 6 centimetres in length, the peritoneal fold standing 3 or 4 centimetres above the pubes. (Cf. Dr. A. B. Strong's measurements in the ANNALS OF SURGERY, vol. vii., p. 31, January, 1888.) The incision into the bladder was 2 cm. long. Three smooth, flattened, oval urate stones, measuring from  $2\frac{1}{2}$  to 3 centimetres in their largest diameter, and weighing together 26.5 grammes, were extracted by means of bone forceps, after which the bladder and adjoining parts were washed out with thymol, the vesical wound (except the mucous layer) closed with 7 nodose catgut sutures, a drainage tube introduced into the abdominal wound, the remaining portion of the latter stitched with deep catgut and superficial silk sutures and antiseptic dressing applied, and a Nélaton's catheter *a demeure* inserted into the bladder. The little girl bore the operation quite satisfactorily. On the fifth day all her urine commenced to flow through the lower angle of the abdominal wound. On the twenty-eighth, a piece of sloughed tissues containing several vesical sutures was discharged with the urine, after which the granulation process went on rapidly, and the urine began again to pass through the catheter, which could be dispensed with on the 49th day. The girl's general state, however, remained fairly good all the while. There were occasionally mild febrile movements about nightfall at an early stage, but from the 27th day the temperature became normal. On the 62d day the patient was discharged quite well, with her wound soundly united.—*Proceedings of the Odessa Medical Society for 1887*, Vol. xvii, No. 6.

## EXTREMITIES.

I. Case of Late Hæmorrhage from a Wound of the Hand. By Dr. M. R. OSMOLOVSKY (Russia). A soldier received a lacerated wound in the inner part of his left hypothenar eminence. The laceration had the shape of the letter Z and was fairly deep. No foreign bodies could be detected in the tissues injured. Hæmorrhage was very considerable, but could ultimately be controlled by means of a compressing bandage with a plug of hæmostatic cotton-wool. About the fifth day the wound was found united *per primam*, except at the

angles which were still gaping. About the twelfth day, however, the lateral surfaces of the wound were also seen covered with granulations while the bottom seemed to be coated only with small adherent blood-clots. During the night of the fourteenth, persistent haemorrhage from the wound suddenly appeared. Esmarch's bandage was applied and left for the whole night. In the morning of the fifteenth day "a strongly pulsating tumor, of the size of a walnut, was discovered at the site of the wound, with two dark spots at the top", from which spots two powerful jets of blood soon began to play. A ligature of the brachial artery in the cubital bend was now made; the palmar bleeding still continued for a while afterwards. Subsequently the swelling gradually decreased. The first pulsation in the radial artery was noticed twelve days after the ligature, becoming normal after twelve days. The palmar wound was found healed on the fortieth day after the accident.  
—*Voennno-Sanitarnoë Dělo*, No. 1 1888.

II. Actinomycosis of Thigh. By Dr. A. V. MININ (St. Petersburg). A well-made and nourished soldier, æt. 21, was admitted on account of a constant, vague, aching pain in the upper third of his left thigh posteriorly, just below the gluteal fold. On examination the integuments were found normal, but deep in the biceps femoris there was a tender induration of the size of the palm. About 17 days later there appeared what was thought to be "signs of a circumscribed inflammation of subcutaneous cellular tissue." Accordingly a longitudinal incision, 5 centimetres long, was made downward from the gluteal plica to scrape out, by means of Volkmann's spoon, "a semi-fluid, firmish mass, which easily broke into hard lumps of a grayish brown color." A cavity of the size of two fists, left between the great gluteus and posterior femoral muscles, was washed out with a sublimate solution and plugged up with iodoform gauze. The man's temperature, which before the operation had been rising up to  $38.4^{\circ}$  C., in the evenings, became henceforward normal. The cavity, however, showed but a very slight tendency to healing, and continued to discharge a mucoid matter with lumps which were thought to be particles of disintegrating tissues. About two months after the first operation